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Substitute	for form 1449A/PTO		Application Number	10/085,977
INIE		DISCLOSURE	Filing Date	02/28/02
		APPLICANT	First Named Inventor	John J. Loy
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		First Named Inventor	John J. 19 NOV 1 6 2005
		Art Unit	3628
		Examiner Name	Frantzy Poinvil
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_	TEMENT BY APPLICANT	First Named Inventor	John J. Loy	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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		First Named Inventor	John J. Lov
		Art Unit	3628 TRADEMANT
		Examiner Name	Frantzy Poinvil
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	First Named Inventor	John J. Loy
	Art Unit	3628
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		First Named Inventor	John J. Loy
		Art Unit	3628
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		First Named Inventor	John J. Loy
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		Filing Date	02/28/02 NOV 1 6 7007 B
	TEMENT BY APPLICANT	First Named Inventor	John J. Loy
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		Filing Date	02/28/02 NOV 1 6 7011 B
		First Named Inventor	John J. Loy
		Art Unit	3628 TRADEMAN
		Examiner Name	Frantzy Poinvil
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		Filing Date	02/28/02 / 🍪
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Substitute for form 1449A/PTO INFORMATION DISCLOSURE		Application Number	10/085,977
		Filing Date	02/28/02
STATEMENT BY APPLICANT (use as many sheets as necessary)		First Named Inventor	John J. Loy
		Art Unit	3628 ENT & TRADE
		Examiner Name	Frantzy Poinvil
Sheet	11 of 12	Attorney Docket Number	47004.000300

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		First Named Inventor	John J. Loy
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Sheet	12 of 12	Attorney Docket Number	47004.000300

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Sheet	1 of 2	Attorney Docket Number	47004.000300

				FOREIGN PA	TENT DOCUMENTS	3	Ĭ
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Sheet	2 of 2	Attorney Docket Number	47004.000300

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Substitute for form 1449B/PTO		Application Number	10/085,977	010
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Sheet	1 of 4	Attorney Docket Number	47004.000300	

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*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION YES/NO
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*Examiner	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION YES/NO
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